

## EXHIBIT 203

### MODEL LETTER FOLLOWING INVESTIGATION INTO ALLEGED VIOLATION OF 42 CFR 489.24 AND/OR THE RELATED REQUIREMENTS OF 42 CFR 489.20 FACILITY IN COMPLIANCE

(Date)

Hospital Administrator Name

Hospital Name

Address

City, State, ZIP Code

Dear (**Hospital Administrator Name**):

Re: Provider Number (**Provider Number**)

This office authorized the (**State**) State agency to conduct a complaint survey of (**hospital**) on (**date**). The complaint concerned an alleged violation of 42 CFR 489.24, Responsibilities of Medicare Participating Hospitals in Emergency Cases and/or the related provisions of 42 CFR 489.20.

I am pleased to inform you that as a result of the survey, your facility was found in compliance with the requirements regarding the emergency care obligations of Medicare facilities.

Thank you for your cooperation during the survey. If you have any questions or concerns about this matter, please contact (**name of contact**) at (**phone number**).

Sincerely yours,

Associate Regional Administrator  
(or its equivalent)

cc:

State Agency

Accrediting Body

Complainant